

Amendment No. 1 to SB1204

Johnson  
Signature of Sponsor

**AMEND Senate Bill No. 1204\***

**House Bill No. 2367**

by deleting § 56-7-1015(b)(4) in the amendatory language of SECTION 1 in its entirety and by substituting instead the following language:

(4) The referring laboratory or a referring physician provided that:

(A) A physician in the referring laboratory is performing or supervising the professional component of the anatomic pathology service for the patient; or

(B) A referring physician has provided a written confirmation to the physician or laboratory providing the anatomic pathology service that the patient is not covered under any health care benefit program.

AND FURTHER AMEND by deleting the language "subsection (f)" in § 56-7-1015(c) in the amendatory language of SECTION 1 and by substituting instead the following language:  
"subsection (g) or (h)"

AND FURTHER AMEND by deleting subsections (f) and (g) of § 56-7-1015 in the amendatory language of SECTION 1 in their entirety and by substituting instead the following language:

(f) For purposes of this section, the term "health care benefit program" means any public or private plan or contract under which any medical benefit, item or service is provided to any individual.

(g) A referring physician may bill a patient not covered under a health care benefit program for an anatomic pathology service if the referring physician was billed pursuant to § 56-7-1015(b)(4), provided that the referring physician complies with the disclosure requirement of § 63-6-214(b)(22) or § 63-9-111(b)(22) and does not, directly or indirectly, markup or increase the actual amount billed by the physician or clinical laboratory that performed the anatomic pathology service.

(h) This section does not prohibit billing of a referring laboratory for anatomic pathology services in instances where a sample or samples must be sent to another physician or laboratory for consultation or histologic processing, except that for purposes of this subsection the term "referring laboratory" excludes the laboratory of a physician's office or group practice that does not perform the professional component of the anatomic pathology service involved.

(i) Nothing in this section shall be construed to mandate the billing of any patient not covered under a health care benefit program, or any referring physician who has ordered an anatomic pathology service for a patient not covered under a health care benefit program.

(j) The respective state licensing boards having jurisdiction over any practitioner who may request or provide anatomic pathology services may revoke, suspend or deny renewal of the license of any practitioner who violates the provisions of this section.

AND FURTHER AMEND by deleting SECTION 2 in its entirety and by substituting instead the following:

SECTION 2. Tennessee Code Annotated, Section 63-6-214(b)(22), is amended by deleting the language "practitioner discloses" and by substituting instead the language "practitioner is in compliance with the requirements of § 56-7-1015(g) and discloses".

SECTION 3. Tennessee Code Annotated, Section 63-9-111(b)(22), is amended by deleting the language "practitioner discloses" and by substituting instead the language "practitioner is in compliance with the requirements of § 56-7-1015(g) and discloses".

SECTION 4. This act shall take effect July 1, 2010, the public welfare requiring it.